

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 25 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N47682 (2)

1. Corporation Name

HEALTHY START PRENATAL AND INFANT HEALTH CARE CO  
ALITION OF PALM BEACH COUNTY, INC.



Principal Place of Business

Mailing Address

1500 N FLORIDA MANGO  
#3  
WEST PALM BEACH FL 33409  
US

1500 N FLORIDA MANGO RD  
#3  
WEST PALM BEACH FL 33409-5208  
US

3. Date Incorporated or Qualified  
03/03/1992

3a. Date of Last Report  
04/16/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number  
65-0327765

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLEMENS, KATHLEEN  
1500 N. FLORIDA MANGO ROAD  
SUITE #3  
WEST PALM BEACH FL 33409

81 Name PATRICIA I. TAYLOR, ESQ  
82 Street Address (P.O. Box Number is Not Acceptable)  
73 S.W. FLAGLER AVENUE  
83  
84 City Stuart FL 85 Zip Code 34994

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*

PATRICIA I. TAYLOR

4/18/97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D WEINSTOCK, ELEANOR ☒ DELETE  
NAME  
STREET ADDRESS 525 S. FLAGLER DRIVE, #12-C  
CITY-ST-ZIP WEST PALM BEACH FL 33401

1.1 TITLE  
1.2 NAME ☐ Change ☐ Addition  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D DENT-KENNEDY, CYNTHIA ☒ DELETE  
NAME  
STREET ADDRESS PO BOX 29 N/A  
CITY-ST-ZIP WEST PALM BEACH FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD MARY FAQUIR ☐ DELETE  
NAME  
STREET ADDRESS 6911 CARISSA CIRCLE  
CITY-ST-ZIP LAKE CLARKE SHORES FL 33406

3.1 TITLE President/Director ☒ Change ☐ Addition  
3.2 NAME MARY FAQUIR  
3.3 STREET ADDRESS 6911 CARISSA CIRCLE  
3.4 CITY-ST-ZIP LAKE CLARKE SHORES FL 33406

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE Treasurer/Director ☐ Change ☒ Addition  
4.2 NAME SANDY OWEN  
4.3 STREET ADDRESS 111 SAPODILLA AVENUE  
4.4 CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE Secretary/Director ☐ Change ☒ Addition  
5.2 NAME HANNA J.L. FINK  
5.3 STREET ADDRESS 2101 W. Commercial Blvd Ste 1100 A  
5.4 CITY-ST-ZIP FORT LAUDERDALE FL 33099

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE Vice President/Director ☐ Change ☒ Addition  
6.2 NAME BARBARA MCCRAY  
6.3 STREET ADDRESS 2000 Residential Way #803  
6.4 CITY-ST-ZIP West Palm Beach, FL 33401

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* MARY R. FAQUIR 4/18/97 (501) 9657476

CR2E037 (9/96)